

SEP 18 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26099

1. PLACE OF DEATH

County Way

Registration District No. 744

Township Richmond

Primary Registration District No. 3035

City Richmond

File No.

Registered No. 1078

St.

Ward

2. FULL NAME

Miss Addie Belle Green

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (For the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

November 12, 1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

52

8

12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House Woman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Way County, Missouri

FATHER

13. NAME

Joseph Green

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

15. MAIDEN NAME

Diellish Whitely

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Way County, Missouri

17. INFORMANT (ADDRESS)

Carl Green, Potosi, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

July 27, 1934

19. UNDERTAKER (ADDRESS)

W. H. Green, Potosi, Missouri

20. FILED

9-10

19

34

E. E. Ray

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 21, 1934, to July 25, 1934

I last saw him alive on July 25, 1934 Death is said

to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:

Hypertension (arteriosclerosis) Date of onset

Other contributory causes of importance:

1911

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Green M. D.

(Address) Richmond, Mo

